



DURHAM COUNTY ENVIRONMENTAL HEALTH

Transitional Permit Application for an Existing Food Service Establishment

The following must be complete for the transitional permit application to be reviewed:

_____ A floor plan drawn to scale (1/4" = 1 foot) showing the placement of each piece of food service equipment, all sinks, storage areas, and trash can wash facilities. Plans must also include general plumbing, electrical, mechanical and lighting drawings and room finish schedules.

_____ Manufacturer specification sheets for each piece of new equipment. All equipment must be NSF listed, UL classified for sanitation **or** be constructed to meet NSF/ANSI standards. **All equipment must be identified.**

_____ **Completed** Transitional Permit Application

_____ Proposed menu

_____ Transitional Review Fee \$100

_____ Transitional permits are valid for only 180 days from the date of issuance. It is the responsibility of the applicant to complete the permit conditions before expiration for the permit to be valid after 180 days. Expiration of a transitional permit will require a full plan review application to be submitted.

Submittal Items Reviewed by _____

Submittal Date _____

Fee Paid _____
Staff initial

Office hours are Monday through Friday 8:30 am to 5:00 pm. If we can be of further assistance, contact Environmental Health at 560-7800, Fax submittal (919)-560-7830.



Transitional Permit Application for an Existing Food Service Establishment

Purchase Date: _____

Present Name of Establishment: _____

Address: _____

New Name of Establishment: _____

Address: _____

City: _____ **Zip Code:** _____

Phone: _____ - _____ - _____ **Fax:** _____ - _____ - _____

E-mail Address: _____

New Owner: _____

(Person, Corporation or Partnership Name)

Title (owner, manager, architect, etc.): _____

Billing Address: _____

City & State _____ **Zip Code:** _____

Telephone: _____ - _____ - _____ **Fax:** _____ - _____ - _____

E-mail Address: _____

Transitional permits are valid for only 180 days from the date of issuance. It is the responsibility of the applicant to complete the permit conditions before expiration for the permit to be valid after 180 days. Expiration of a transitional permit will require a full plan review application to be submitted.

I certify that the information in this application is correct, and I understand that any changes may delay issuance of a Transitional permit.

Name: _____

PLEASE PRINT NAME

Signature: _____ **Date:** _____

(Owner or Responsible Representative)



Transitional Permit Application for an Existing Food Service Establishment

Hours of Operation

Monday _____ Tuesday _____
Wednesday _____ Thursday _____ Friday _____
Saturday _____ Sunday _____

Type of Food Service

(Check all that apply)

Restaurant _____ Sit-down meals _____
Food Stand (no seats provided) _____ Take-out _____
Drink Stand _____ Single-Service _____
(no food served but using multi-use glassware) (Disposable dishes and/or utensils)
Commissary _____ Catering _____
Meat Market _____ Multi-use _____
(Reusable dishes and or utensils)
Lodging Food Service _____ Other (Explain) _____

Please list any changes that you are considering for this facility:



Transitional Permit Application for an Existing Food Service Establishment

Food Processing Procedures

Thawing

Check the appropriate box to indicate how food will be thawed

Thawing Process	Red Meats	Seafood	Poultry	Vegetables	Other
In Refrigerator					
Under Running Water					
Cooked Without Thawing					
Thawed in Microwave as Part of Cooking Process					

Cooling

Check the appropriate box to indicate how food will be cooled rapidly from above 135° to below 45° after being cooked.

Cooling Process	Meats	Seafood	Poultry	Vegetables	Soups	Sauce
In the refrigerator Using Shallow Pans						
In an Ice Bath						
Using a Blast Chiller						

Preparation Procedures

Produce:

Will produce be purchased fully prepared and pre-rinsed? Yes _____ No _____
 If NO, where will produce be prepared and / or rinsed? _____
 Additional information: _____

Seafood:

Will Seafood be purchased fully prepared and pre-rinsed? Yes _____ No _____
 If NO, where will seafood be prepared and / or rinsed? _____
 Additional information: _____

Poultry:

Will poultry be purchased fully prepared and pre-rinsed? Yes _____ No _____
 If NO, where will poultry be prepared and / or rinsed? _____
 Additional information: _____

Pork and / or Red Meat:

Will pork and / or red meat be purchased fully prepared and pre-rinsed? Yes _____ No _____
 If NO, where will pork or red meat be prepared and / or rinsed? _____
 Additional information: _____



Transitional Permit Application for an Existing Food Service Establishment

Water Supply–Sewage Disposal-Equipment Specifications

Water Supply: City _____ Well _____

Sewer: City _____ Onsite _____

Water Heater Specifications:

(Manufacturer information sheet or plate on tank)

Manufacturer _____ Model _____

Tank Size: (gallons) _____ Recovery @ 100° Rise _____

Power Rating: Gas _____ (BTU'S) Electric _____ (kW)

Dish machine:

(Manufacturer information sheet or plate on machine)

Manufacturer _____ Model _____

Booster Heater Yes _____ No _____ Gallons per Hour _____

Chemical Sanitizer Yes _____ No _____

Leased Machine Yes _____ No _____

Three-compartment Pot Wash Sink:

Sink Size (in inches) front to back _____" x Width _____" x Depth _____"

Drain Board: Width _____" x Depth _____"

Indirect Drains Yes _____ No _____

Can Wash/ Mop Sink:

(36" x 36")

Location _____

Disposal of Solid Waste:

Dumpster _____ Roll out Cart _____

APPLICATION SUBMITTAL:

Attention:

Jane Andrews, REHS, Plan Review Specialist
Durham County Health and Human Services
Environmental Health Division
414 E. Main Street
Durham, NC 27701